

READ THESE INSTRUCTIONS THOROUGHLY

STATE OF MINNESOTA

Board of Architecture, Engineering, Land Surveying Landscape Architecture, Geoscience, and Interior Design
85 E 7th Place, Suite 160, St. Paul, MN 55101

PROCEDURES FOR APPLYING FOR LICENSURE AS A PROFESSIONAL SOIL SCIENTIST BY COMITY

TO APPLY:

- You must meet the requirements outlined in Minnesota Statutes, Section 326.10.
- The following items must be submitted to the Board office before your application is reviewed:
 - ☐ Application for licensure (Items 1-10).
 - ☐ Signed Rules of Professional Conduct (#11).
 - ☐ Final Official Transcript (must be in a sealed envelope from the school).
 - ☐ 5 Reference Forms (sent directly from the reference).
 - ☐ Verification of Licensure – Complete page one of the form and send it to your base state of licensure, as well as the state in which you took your fundamentals examination, for completion of side two.
 - ☐ List of required Soil Science courses and credit hours specified in Minnesota Rule 1800.3910, Subpart 5, Item A (#9).
 - ☐ **Application fee: \$100** (made payable to the “MN Board of AELSLAGID”).

DO NOT SEND CASH.

APPLICATION REVIEW:

- Once your application, application fee and supporting documentation have been received and reviewed by the Board, a letter will be sent informing you of approval or denial for licensure.
- Only complete applications will be reviewed by the Board.

Applications which have not been acted upon by the Board within six months from date of application due to an incomplete application shall be denied by the Board and do not qualify for a refund.

Applicant Name _____

STATE OF MINNESOTA
BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,
LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MN 55101-2113
PHONE: (651) 296-2388 FAX: (651) 297-5310
HEARING IMPAIRED • 1-800-627-3529

FOR BOARD'S USE ONLY
Application Number
Date Application Received
Application Fee \$

Application for the
Professional Soil Scientist By Comity

Application and Exam Fees: \$225
Make checks payable to: MN Board of AELSLAGID

FOR BOARD'S USE ONLY
License Number
License Fee \$
Date License Issued

DATA PRACTICES ACT WARNING

The data which you furnish on this form will be used by the Minnesota State Board of AELSLAGID to assess your qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board of AELSLAGID may be unable to process this application. After issuance of a professional license, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers and phone numbers are not public information.

All Information, EXCEPT SIGNATURE, Must Be Printed In Ink or Typewritten

1. Personal Information – Please complete all sections

Are you or your spouse an active member of the U.S. military? ☐ No ☐ Yes (priority processing)

Last Name	First Name	Middle Name	Social Security Number (required)	
Former Name		Gender Male Female	Date of Birth (month, day, year)	
Mailing Street Address	Apt/Suite #	City	State	Zip Code
Is Mailing Address Home or Business?	Business Name, if mailing address is Business		Contact Phone Number	
Present Employer		Present Position		

2. Have you ever taken any part of this examination in Minnesota? If yes, when?

☐ No ☐ Yes _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr) _____ (Mo/Yr)

3. Have you ever had a license disciplined, denied, surrendered, suspended or revoked?

☐ No ☐ Yes (If yes, please provide a separate statement of explanation.)

Applicant Name _____

4. List other states in which you hold an architect, professional engineer, land surveyor, landscape architect, professional geologist or professional soil scientist license:

State(s) Licensed in:	Data Pertaining to License(s)				Check method for (each) license			
	Profession (including discipline of Engineering)	License Number	Mo. And Year Issued	Is License Current	Written Exam. (No. of hours)	Oral Exam.	Exemption (Grand-father Clause)	Comity

5. Education

All statements must be substantiated by submitting an official transcript from each educational institution. Transcripts must arrive in a sealed envelope from the institution.

College or University (Include night or extension work below)	Name and Location of Institution:	Month and Year		Date of Graduation	Degree Received
		From	To		

Postgraduate Work	Describe any postgraduate work, giving name of institution, nature of work and degree(s) received.

Extension, Night or Correspondence Courses	Give name of institution, courses pursued, dates and indicate whether course was completed.

6. Soil Scientist In-Training Examination

The State in Which You Passed the Exam	In-Training #	Month & Year Issued	Number of Hours of Exam	Were you granted a Waiver of the FG exam?

7. Practical and Professional Experience

On the following pages, print or type a complete record of your entire professional experience in chronological order. Account for all time from receipt of your degree to the present. Include any intern or co-op experience prior to graduation. All gaps in employment must be explained.

Attach a copy of your practical and professional experience record to each Reference Form before distributing to your employers. Please DO NOT send your entire application to your employers – only the practical and professional experience record.

Applicant Name _____

Practical and Professional Experience Record

Complete all information for each assignment or engagement. Description of work must accurately describe the character of the work, the degree of responsibility and the location of the work (including clients).

Name of Employer: _____ Position Title: _____

Address of Employer: _____

Name of Supervisor or Person to Whom You Reported: _____

Title of Supervisor or Person to Whom You Reported: _____

Profession of Supervisor/Person to Whom You Reported: _____

License Number of Supervisor/Person to Whom You Reported: _____

Dates of Employment: _____ / _____ / _____ to _____ / _____ / _____ Hours worked per week: _____
Mo Day Year Mo Day Year

Description of Work (Attach additional sheets as needed):

Supervisor must initial next to areas of work which he/she can substantiate	Describe your work in detail, including character of work, the degree of responsibility, the location of the work and clients.

Applicant Name _____

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Mo Day Year Mo Day Year

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Supervisor must initial next to areas of work which he/she can substantiate	Describe your work in detail, including character of work, the degree of responsibility, the location of the work and clients.

Applicant Name _____

8. REFERENCES

Give the names and addresses of at least five references, other than relatives or members of this Board, having personal knowledge of applicant's good moral character and repute, and professional reputation. At least three of such references should be licensed in the profession in which licensure is sought. These references should be the same individuals who can verify your qualifying work experience and to whom you send the Employment Verification Forms.

Name	Address (street and number, city, state, zip)	State(s) Licensed in	Profession

Applicant Name _____

9. Soil Science Course list

List the specific **SOIL SCIENCE COURSES** and credit hours (note whether semester or quarter hours) that fulfill the requirements specified in MR 1800. 3910, Subpart 5, Item B for soil scientists. **Applicant must identify which courses meet the requirement for basic soil science area subjects.** Attach additional pages as necessary. **A minimum of 2 semester or 3 quarter hours must be from each of the four basic soil science areas.**

Course Title	Soil Science or Closely Related Geoscience Course	Semester / Quarter Credits	Institution	Course Fulfills Basic Soil Science Area (if applicable)
(a) soil physical properties, soil biophysical environment, properties or water relations				
(b) soil chemical properties, soil chemical processes, soil fertility				
(c) soil biological properties, soil biochemical process, or soil microbial ecology				
(d) soil genesis, soil classification, or soil morphology				

Applicant Name _____

10. AFFIDAVIT FOR LICENSE OR CERTIFICATE IN MINNESOTA

This form of attestation must be filled in by applicant before the notary public.

State of _____

County of _____

I, _____, being duly sworn, do hereby depose and swear that:

1. I have read and will comply with the provisions of Minnesota Statutes §§ 326.02 – 326.15 (2012) and the Rules and Regulations adopted thereunder;
2. I am not now under any disciplinary proceeding or action, pending or otherwise, in any other jurisdiction;
3. I have never been convicted of a felony;
4. I have not represented myself as an architect, professional engineer, land surveyor, landscape architect, professional geologist, professional soil scientist, or certified interior designer, without proper licensure or certification, either verbally or on any printed matter, in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design; and
5. I have not performed or offered to perform architectural, professional engineering, land surveying, landscape architectural, professional geological, professional soil scientific, or certified interior designer services, without proper licensure or certification in the State of Minnesota, nor will I do so until such time as my license or certificate has been issued by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design.

Signature of Applicant

Notary Public
Stamp or Seal

SUBSCRIBED and sworn to before me this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public Signature

RECORD OF BOARD (This space not to be used by applicant.)

Application Withdrawn Date:

RECOMMEND DENIAL OF APPLICATION

Board Member Signature

Date Signed:

RECOMMEND APPROVAL OF APPLICATION

Board Member Signature

Date Signed:

11. Rules of Professional Conduct

READ, SIGN AND RETURN THIS DOCUMENT WITH YOUR APPLICATION

1805.0100 PROFESSIONAL CONDUCT.

Subpart 1. **Purpose.** This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.

Subp. 2. **Scope.** This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.

Subp. 3. **Imputed knowledge of professional responsibility.** Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

1805.0200 PERSONAL CONDUCT.

Subpart 1. **Public confidence and personal integrity.** A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.

Subp. 2. **False statements and nondisclosure.** A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.

Subp. 3. **Knowledge of unqualified applicants.** A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.

Subp. 4. **General prohibitions.** A licensee shall not:

- A. circumvent a rule of professional conduct through actions of another;
- B. engage in illegal conduct involving moral turpitude;
- C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation;
- D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or

E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

1805.0300 CONFLICT OF INTEREST.

Subpart 1. **Employment.** A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.

Subp. 2. **Compensation.** A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.

Subp. 3. **Gifts.** A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has been retained without the knowledge and approval of the client or the employer.

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment.

A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint ventures.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board.

A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

Date: _____

Signature: _____

Print Full Name: _____

Rules of Professional Conduct

Keep this document for your records.

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A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint ventures.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

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Name of Reference: _____ Applicant Name: _____

Instructions to Applicants Regarding the Submission of Reference Forms

Print and complete five reference forms **according to instructions given below.**

1. Type the name of the reference to whom you are sending the form. References should be supervisors who can verify work experience. In the case of your own firm, please use clients or other licensed professionals you have worked with.

2. Type your name and read, sign and date the Authorization to Release.

The remainder of the page is to be completed by the reference.

3. **Attach a copy of the “Practical and Professional Experience Record” that you are submitting with your application to the Board. Do NOT send your entire application to your references! Advise each reference to initial the part(s) of your experience record with which the reference has personal knowledge.** Failure of the reference to initial the portion(s) of the experience record with which the reference has personal knowledge will result in the voiding of that reference.

4. Send the Reference Form and copy of the Experience Record to each of your five references. Include a stamped envelope addressed to the Board office. Your references must return the Reference Form and their initialed copy of the Experience Record directly to the Board office.

If you have questions regarding the reference form process, contact Leama Sather at 651-757-1518

INSTRUCTIONS TO INDIVIDUAL PROVIDING REFERENCE:

Complete, sign and return this form to the Board office at 85 E. 7th Place, Suite 160, St. Paul, MN 55101 as soon as possible. This form must accompany the Practical and Professional Experience page(s) on which you initialed next to the applicant’s work experience you can substantiate.

Name of Reference: _____ Applicant Name: _____

REFERENCE FORM

This form must be completed thoroughly.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER.

I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and recipients(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of AELSLAGID by the reference.

Signed: _____ Date: _____

The above named applicant has submitted an application to the Minnesota Board for licensure as a Professional Geologist under the Act to regulate the Practice of Architecture, Professional Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design, Minnesota Statutes Sections 326.02 to 326.15.

The Applicant has referred to you as having knowledge of his/her personal and professional qualifications. The Board requests your cooperation in making its evaluation of the applicant more complete by giving a true answer to the following questions. These answers are to be given by you of your own personal knowledge, without assistance from the applicant. The record of the applicant, as recorded here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with the facts, as you see them, relative to the applicant's competency to practice the profession for which she/he has applied for licensure. All information secured from references is for use by the Board. **Complete all of the information requested below and make any additional comments that may be of value to the Board in evaluating this application.**

1. How many years have you known the applicant? _____

2. What is the applicant's usual and customary occupation? _____

3. Has the applicant ever rendered you professional service(s) as a(n):

☐ Architect ☐ Professional Engineer ☐ Land Surveyor ☐ Landscape Architect
☐ Professional Geologist ☐ Professional Soil Scientist

What year? _____ Explain the nature of the service provided: _____

4. What has been your association with the applicant?

☐ Employer ☐ Employee ☐ Business Partner ☐ Professional Associate ☐ Client

- During what specific period of time (month/year to month/year): _____
- Explain the nature of the association: _____

Date: _____

Remarks: _____

Signature: _____

Printed Name: _____

Licensed in the state(s) of: _____

Profession & Discipline: _____

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☐ Architect ☐ Professional Engineer ☐ Land Surveyor ☐ Landscape Architect
☐ Professional Geologist ☐ Professional Soil Scientist

What year? _____ Explain the nature of the service provided: _____

4. What has been your association with the applicant?

☐ Employer ☐ Employee ☐ Business Partner ☐ Professional Associate ☐ Client

- During what specific period of time (month/year to month/year): _____
- Explain the nature of the association: _____

Date: _____

Remarks: _____

Signature: _____

Printed Name: _____

Licensed in the state(s) of: _____

Profession & Discipline: _____

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I hereby authorize the Board of AELSLAGID to make inquiries of the person listed as a reference on this form with respect to my background and character. I invite full and complete response to all inquiries. I release the reference source(s) and recipients(s) from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Board of AELSLAGID by the reference.

Signed: _____ Date: _____

The above named applicant has submitted an application to the Minnesota Board for licensure as a Professional Geologist under the Act to regulate the Practice of Architecture, Professional Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design, Minnesota Statutes Sections 326.02 to 326.15.

The Applicant has referred to you as having knowledge of his/her personal and professional qualifications. The Board requests your cooperation in making its evaluation of the applicant more complete by giving a true answer to the following questions. These answers are to be given by you of your own personal knowledge, without assistance from the applicant. The record of the applicant, as recorded here by you, will be accepted by the Board as a deliberate act made for the express purpose of acquainting the Board with the facts, as you see them, relative to the applicant's competency to practice the profession for which she/he has applied for licensure. All information secured from references is for use by the Board. **Complete all of the information requested below and make any additional comments that may be of value to the Board in evaluating this application.**

1. How many years have you known the applicant? _____

2. What is the applicant's usual and customary occupation? _____

3. Has the applicant ever rendered you professional service(s) as a(n):

☐ Architect ☐ Professional Engineer ☐ Land Surveyor ☐ Landscape Architect
☐ Professional Geologist ☐ Professional Soil Scientist

What year? _____ Explain the nature of the service provided: _____

4. What has been your association with the applicant?

☐ Employer ☐ Employee ☐ Business Partner ☐ Professional Associate ☐ Client

- During what specific period of time (month/year to month/year): _____
- Explain the nature of the association: _____

Date: _____

Remarks: _____

Signature: _____

Printed Name: _____

Licensed in the state(s) of: _____

Profession & Discipline: _____

INSTRUCTIONS TO INDIVIDUAL PROVIDING REFERENCE:

Complete, sign and return this form to the Board office at 85 E. 7th Place, Suite 160, St. Paul, MN 55101 as soon as possible. This form must accompany the Practical and Professional Experience page(s) on which you initialed next to the applicant's work experience you can substantiate.

Name of Reference: _____ Applicant Name: _____

REFERENCE FORM

This form must be completed thoroughly.

APPLICANT'S AUTHORIZATION AND RELEASE – THIS RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER.

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Date: _____

Remarks: _____

Signature: _____

Printed Name: _____

Licensed in the state(s) of: _____

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Date: _____

Remarks: _____

Signature: _____

Printed Name: _____

Licensed in the state(s) of: _____

Profession & Discipline: _____

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REQUEST FOR VERIFICATION OF LICENSURE

(This page to be completed by applicant – please print or type)

Applicant Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am applying for licensure in the State of Minnesota and am requesting that your state board verify my status as:

_____ Professional Geologist License Number: _____

_____ Professional Soil Scientist License Number: _____

_____ Geologist In-Training Certificate Number: _____

_____ Soil Scientist In-Training Certificate Number: _____

I am licensed with your state board under the name of: _____

My date of birth is: _____

I have enclosed the necessary license verification fee of \$ _____.

Signature of Applicant: _____

VERIFYING AGENCY PLEASE COMPLETE SECOND PAGE

AND RETURN FORMS DIRECTLY TO:

MN BOARD OF AELSLAGID
85 E. 7TH Place, Suite 160
St. Paul, MN 55101

VERIFICATION OF LICENSURE

FROM: _____ DATE: _____
(Name of Board)

NAME OF APPLICANT: _____

THE ABOVE NAMED INDIVIDUAL WAS REGISTERED AS:

	Date Issued	Valid Until	License/Cert. Number
Geologist In-Training			
Soil Scientist In-Training			
Professional Geologist			
Professional Soil Scientist			

1. Written Examination

	Hours	ASBOG/CSSE (yes/no)	Exam Date
Fundamentals of Geology			
Fundamentals of Soil Science			
Professional Geology			
Professional Soil Science			

GIT/SSIT accepted from state of: _____

2. Oral Examination: _____ Hrs. FSS: _____ Hrs. PSS: _____ Hrs.

3. Comity with: (1) _____ (2) _____

Disciplinary Action:

Has formal disciplinary action ever been taken against the above named individual?

Yes No (If yes, please give details on a separate sheet of paper.)

By: _____

Title: _____

Date: _____

**BOARD
SEAL**

IF A FEE IS REQUIRED, PLEASE NOTIFY THE APPLICANT.

A BRIEF SUMMARY OF YOUR RIGHTS UNDER THE AMERICANS WITH DISABILITIES ACT

INTRODUCTION

The Americans with Disabilities Act ("ADA") covers "public entities." The Board is a "public entity" covered by the ADA. The Board may not refuse to allow a person with a disability to take the examination simply because the person has a disability. It must permit persons with disabilities to take the examination in an integrated setting unless separate or different measures are necessary to ensure equal opportunity. It must eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to take the examination.

WHO IS COVERED?

The ADA provides comprehensive civil rights protection for "qualified individuals with disabilities." An "individual with a disability" is a person who: 1) has a physical or mental impairment that substantially limits a "major life activity," 2) has a record of such an impairment, or 3) is regarded as having such an impairment. "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

A "qualified" individual with a disability is one who meets the essential eligibility requirements for the examination. The Board is not required to take any action that would result in a fundamental alteration in the nature of the examination or an undue financial and administrative burden. However, the Board must take any other action, if available, that would not result in a fundamentals alteration or undue burdens but would ensure that individuals with disabilities receive the benefits or services.

WHAT IS REQUIRED?

The Board is required to make reasonable modifications in any policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration in the examination would result. To do so, it must furnish auxiliary aids and services when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result. The Board may not place special charges on individuals with disabilities to cover the costs of measures necessary to ensure nondiscriminatory treatment, such as making modifications required to provide program accessibility or providing qualified interpreters. Finally, it must operate the examination so that, when viewed in its entirety, it is readily accessible to and usable by individuals with disabilities.

Integration of individuals with disabilities into the mainstream of society is fundamental to the purposes of the ADA. The Board may not provide the examination to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that the benefits and services are equally effective. Even when separate programs are permitted, an individual with a disability still has the right to choose to participate in the regular program. The Board cannot require an individual with a disability to accept a special accommodation or benefit if the individual chooses not to accept it.

QUESTIONS?

If you have any questions about the ADA we encourage you to call the United States Department of Justice, which has an ADA information line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

INFORMATION FORM FOR APPLICANTS WITH DISABILITIES

General Information

If you are a person with a disability, you may have certain rights under the Americans with Disabilities Act ("ADA"). A brief summary of these rights is on the back of this sheet. It is not meant to be complete. If you have any questions about your rights under the ADA we encourage you to call the United States Department of Justice, which has an ADA Information Line, at (202) 514-0301 (voice) or (202) 514-0381/0383 (TDD). These telephone numbers are not toll-free numbers.

Alternative Arrangements

The ADA require this agency to make "reasonable accommodation" for applicants with disabilities in giving this examination. If you are a person with a disability which may affect your ability to enter the examination facility or to take any portion of the examination, the ADA may require us to provide alternative examination arrangements. **We are not required to do so if we are unaware of your need for accommodations.** We ask that you inform us of any alternative arrangement you may require to take this examination. Please complete the following information:

NAME: _____
(Last) (First) (MI)

Mailing Address: _____
(Number and Street) City State Zip Code

Name of Examination: _____

Date of Examination: _____

Examples of reasonable accommodations include, but are not limited to: readers, oral interpreter or enlarged print. Describe in detail your request for "reasonable accommodations" (Please use additional paper, if necessary):

Location: (if other than scheduled exam site): _____

Type of accommodation (reader, hearing impaired, etc.): _____

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE,
GEOSCIENCE AND INTERIOR DESIGN
(AELSLAGID)
85 East Seventh Place, Suite 160
St. Paul, MN 55101

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, **I hereby waive my rights under the Minnesota Data Practice Act and authorize** the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design (Board) to provide information contained in my application materials, including any documents, to

(insert name of the individual who may receive information).

I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the processing of my application. This authorization automatically expires one year after this date.

Signature of Applicant

Printed Name of Applicant

Date

**** THIS FORM IS NOT REQUIRED. Complete only if you intend for someone besides yourself to contact the Board office for the status of your application (i.e. administrative assistant, spouse, etc.).**